

Instructions for Completion of Grant Application for Year 2005

Return Completed Application To:

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of Land Survey and Remonumentation
6546 Mercantile Way, P.O. Box 30704
Lansing, Michigan 48909

Page 1 of Grant Application:

Section A

Enter the address where the 2005 grant payment(s) will be mailed.

Section B

The name, address, phone and FAX number of the County Grant Administrator appointed by the Board of County Commissioners to administer the grant has been entered. Please draw a line through any incorrect information in this section and provide the correct information. Attach proof of appointment of the County Grant Administrator with the application for grant year 2005 only if there has been a new appointment. Please provide the County Grant Administrator's e-mail address, if applicable.

Section C

The name, address, phone and FAX number of the County Surveyor or the Licensed Land Surveyor appointed by the Board of County Commissioners as the County Representative has been entered. Please draw a line through any incorrect information in this section and provide the correct information. Attach proof of appointment of the County Representative with the application for grant year 2005 only if there has been a new appointment. Please provide the County Representative's e-mail address, if applicable.

Section D

THIS BOX MUST BE CHECKED, indicating the county's capability to perform the work program.

Section E

The state grant amount for year 2005 may be found on the last 2 pages of these instructions. The state grant amount may include an increase based upon a county contribution and Category III of the state grant formula. Counties may not receive both an increased grant amount and also repayment of expedited county funds for the same county expenditure. Enter the total County Cash Contribution, if any, the Expedited Amount, if any, and the Reimbursement for Past Eligible Expedited Expenditures, if any, for grant year 2005. Reimbursement amount for past eligible expedited expenditures may not exceed 50% of the state grant amount. The State Grant Amount plus the Total County Cash Contribution (if any), plus the Expedited Amount (if any), minus the Reimbursement for Expedited Expenditures equals the Total Annual Project Budget.

Enter this in the box for the TOTAL ANNUAL PROJECT BUDGET.

NOTE: The Total County Cash Contribution, Expedited Amount (if any), Reimbursement Amount, (if any), and the Total Annual Project Budget amount must be the same on Page 1 and the bottom of Page 3.

Section F

The Board-appointed County Grant Administrator and the elected or Board-appointed County Representative must sign and date the year 2005 grant application. Original ink signatures are required.

Page 2 of Grant Application:

Sections G and H

When completing Sections G and H, for public land survey (PLS) corners, the applicant may use the letter-number system used for a "Land Corner Recordation Certificate" (e.g., C-2, rather than "the east one-quarter corner of section 6"). Include the Town and Range for work in a specific survey township. **NOTE:** You must identify the specific corners and specific survey townships and provide a total number of corners to be completed, as indicated on Page 2. Please attach additional pages, if necessary.

NOTE: The dollar amount for Items G and H on Page 2 must be the same as the dollar amount for Items G and H on Page 3.

Sections I and J

When completing Sections I and J, you must identify the specific points to have coordinates established and the specific existing control stations to be recovered and provide a total number for each, where indicated. Please attach additional pages, if necessary.

NOTE: The dollar amount for Items I and J on Page 2 must be the same as the dollar amount for Items I and J on Page 3.

Page 3 of Grant Application:

Provide a breakdown of anticipated expenditures, by line item and work program category and the source(s) of revenue (county cash source, if any).

The total dollar amounts shown for Items G, H, I and J on Page 3 must be the same as the total dollar amounts shown for Items G, H, I and J on Page 2.

Page 4 of Grant Application:

Provide a detailed, itemized listing of the specific items and expenditures for "Supplies & Materials," "Equipment," and "Administration" on Page 4 - BUDGET ADDENDUM.

The total dollar amounts shown for "Supplies & Materials," "Equipment," and "Administration" on Page 4 must be the same as the total dollar amounts shown for these same items on Page 3.

The completed grant application for grant year 2005 must be received in our office by NO LATER THAN December 31, 2004, in order to be eligible for a grant in the year 2005. Please remember, the last day of business for the State of Michigan is December 29, 2004. Please return the application to the following address:

Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of Land Survey and Remonumentation
P.O. Box 30704
Lansing, Michigan 48909

If you are running close to the deadline for filing an application for grant year 2005, please FAX a copy of your application prior to the December 31, 2004, deadline to the Survey and Remonumentation office (517/241-6301).

If you FAX your application prior to the deadline, you must follow-up with the original grant application by mail. Applications will not be reviewed until the original grant application has been received. Any questions should be directed to the Office of Land Survey and Remonumentation. (517/241-6319) or by e-mail to mrdyer@michigan.gov.

2005 Survey and Remonumentation Grant Amounts
by County

COUNTY	2005 GRANT AMOUNT
ALCONA	\$ 55,972
ALGER	\$ 69,499
ALLEGAN	\$ 121,868
ALPENA	\$ 55,498
ANTRIM	\$ 52,925
ARENAC	\$ 35,241
BARAGA	\$ 70,287
BARRY	\$ 77,582
BAY	\$ 130,083
BENZIE	\$ 43,259
BERRIEN	\$ 119,520
BRANCH	\$ 54,648
CALHOUN	\$ 146,209
CASS	\$ 60,637
CHARLEVOIX	\$ 66,132
CHEBOYGAN	\$ 66,717
CHIPPEWA	\$ 138,035
CLARE	\$ 68,052
CLINTON	\$ 86,225
CRAWFORD	\$ 50,614
DELTA	\$ 112,376
DICKINSON	\$ 65,228
EATON	\$ 132,802
EMMET	\$ 60,982
GENESEE	\$ 223,979
GLADWIN	\$ 53,282
GOGEBIC	\$ 84,905
GR. TRAVERSE	\$ 92,220
GRATIOT	\$ 65,779
HILLSDALE	\$ 65,099
HOUGHTON	\$ 84,029
HURON	\$ 77,281
INGHAM	\$ 183,472
IONIA	\$ 69,068
IOSCO	\$ 54,594
IRON	\$ 88,108
ISABELLA	\$ 76,613
JACKSON	\$ 128,609
KALAMAZOO	\$ 169,196
KALKASKA	\$ 48,593
KENT	\$ 400,990
KEWEENAW	\$ 39,125
LAKE	\$ 49,428
LAPEER	\$ 104,145
LEELANAU	\$ 45,968
LENAWEE	\$ 102,096
LIVINGSTON	\$ 306,330
LUCE	\$ 65,716
MACKINAC	\$ 79,406
MACOMB	\$ 558,569
MANISTEE	\$ 55,446

2005 Survey and Remonumentation Grant Amounts
by County

COUNTY	2005 GRANT AMOUNT
MARQUETTE	\$ 165,900
MASON	\$ 49,101
MECOSTA	\$ 61,419
MENOMINEE	\$ 93,941
MIDLAND	\$ 80,322
MISSAUKEE	\$ 48,089
MONROE	\$ 130,767
MONTCALM	\$ 100,054
MONTMORENCY	\$ 46,576
MUSKEGON	\$ 124,627
NEWAYGO	\$ 108,378
OAKLAND	\$ 864,436
OCEANA	\$ 54,096
OGEMAW	\$ 55,815
ONTONAGON	\$ 95,046
OSCEOLA	\$ 61,545
OSCODA	\$ 45,726
OTSEGO	\$ 55,379
OTTAWA	\$ 213,869
PRESQUE ISLE	\$ 55,076
ROSCOMMON	\$ 72,244
SAGINAW	\$ 134,115
ST. CLAIR	\$ 403,053
ST. JOSEPH	\$ 69,642
SANILAC	\$ 90,958
SCHOOLCRAFT	\$ 87,365
SHIAWASSEE	\$ 94,774
TUSCOLA	\$ 88,489
VAN BUREN	\$ 92,406
WASHTENAW	\$ 253,685
WAYNE	\$ 732,172
WEXFORD	\$ 58,496
TOTAL	\$ 9,999,998

**Application for a Survey and Remonumentation Grant
(Grant Year 2005)**

Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of Land Survey and Remonumentation
6546 Mercantile Way, P.O. Box 30704
Lansing, Michigan 48909
Phone: (517) 241-6321 Facsimile: (517) 241-6301

INSTRUCTIONS ATTACHED

Grant #152005-480__
MAIN Mail Code:
Index: 02935 **AOBJ:** 1218

Application Received: _____
Reviewed by Analyst: _____

Reviewed by Director of Office of Land Survey and Remonumentation:

Approved By Director of Office of Land Survey and Remonumentation:

Applicant (Grantee County):

County of

County's Federal I.D. Number

A.

Grantee's Address For Payments:

B. County Grant Administrator:

Name:
Address:
City, State, Zip:
Telephone:
FAX:
E-Mail:

C.

County Representative:

Name:
Address:
City, State, Zip:
Telephone:
FAX:
E-Mail:

D. Capability To Perform The Work Program Specified (Must Check This Box):

We have the capability to perform the work program specified through a licensed professional surveyor on staff and/or through a contract with a licensed professional surveyor to perform the remonumentation survey.

E. Financial Summary (if an Expedited Amount is included, County must have an approved Expedited County Plan):

1	2	3	4	5
2005 State Grant	County Cash Contribution	Expedited Amount	Reimbursement For Expedited Expenditures	2005 Total Annual Project Budget (1 + 2 + 3 - 4 = 5)
\$	\$	\$	\$	\$

F. We certify that the information in this grant application is correct to the best of our knowledge.

Original Ink Signature of County Grant Administrator

Original Ink Signature of County Representative

Date

Date

**Application for a Survey and Remonumentation Grant
(Grant Year 2005)**

Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, Michigan 48909 Phone: (517) 241-6321 Facsimile: (517) 241-6301		County of Grant #152005-480 ____ MAIN Mail Code: Index: 02935 AOBJ: 1218	
SUMMARY OF WORK PROGRAM FOR GRANT YEAR 2005 (Specify the individual corner codes proposed for the 2005 work program by Survey Township)			
Item G Corners To Be Researched	SPECIFY THE INDIVIDUAL CORNER CODE(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM G ON PAGE 3 \$ _____	% of Total Annual Project Budget Proposed for RESEARCH: _____%	Total Number of Corners to Be RESEARCHED : _____
Item H Corners To Be Monumented	SPECIFY THE INDIVIDUAL CORNER CODE(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM H ON PAGE 3 \$ _____	% of Total Annual Project Budget Proposed for MONUMENTATION: _____%	Total Number of Corners to be MONUMENTED : _____
SUBTOTAL ITEMS G & H (also enter at the bottom of this page) \$ _____		Percentage of the Total Annual Project Budget (Item G + Item H) _____%	THE TOTAL PERCENTAGE OF ITEM G + ITEM H MUST BE AT LEAST 70% OF THE TOTAL ANNUAL PROJECT BUDGET
Item I Points To Have Coordinates Set (x, y, z)	SPECIFY THE INDIVIDUAL POINT(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM I ON PAGE 3 \$ _____	Total Number of Points to have COORDINATES SET : _____	
Item J Existing Horizontal And Vertical Control Stations To Be Recovered	SPECIFY THE INDIVIDUAL CONTROL STATION(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM J ON PAGE 3 \$ _____	Total Number of EXISTING CONTROL STATIONS TO BE RECOVERED : _____	
Total Annual Project Budget (add G + H + I + J)	Subtotal G & H \$ _____	Subtotal I & J \$ _____	Total Annual Project Budget \$ _____
	PLUS		EQUALS

**Application for a Survey and Remonumentation Grant
(Grant Year 2005)**

Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, Michigan 48909 Phone: (517) 241-6321 Facsimile: (517) 241-6301	County of <hr/> Grant #152005-480 ____ MAIN Mail Code: Index: 02935 AOBJ: 1218
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2005 DETAIL BUDGET

Show expenditures by work program category and line item. The total for Item G, H, I and J at the bottom of this page must be the same as the total for Item G, H, I and J on Page 2 of this application.

Line Item Expenditures	WORK PROGRAM CATEGORIES				Total (add line items across)
	Item G	Item H	Item I	Item J	
	Research of Corners	Monumentation of Corners	Setting of Coordinates	Recovery of Existing Control Stations	
Peer Group (PG)					
Contractual Survey Services (CSS)					
Supplies and Materials* (S/M)					
Equipment* (E)					
Administration* (A)					
Total (Adding Down) For Item G, H, I & J On Page 3 Must Be The Same As Total For Item G, H, I & J On Page 2	Item G (Add Down)	Item H (Add Down)	Item I (Add Down)	Item J (Add Down)	Total Annual Project Budget
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

*** PROVIDE A DETAILED ITEMIZED LISTING OF THE SPECIFIC ITEMS OF EXPENDITURE AND THE SPECIFIC DOLLAR AMOUNTS FOR EACH ITEM FOR SUPPLIES & MATERIALS, EQUIPMENT AND ADMINISTRATION ON PAGE 4 OF THIS GRANT APPLICATION – “BUDGET ADDENDUM.”**

AMOUNT and SOURCE(S) OF REVENUE (identify the County Cash source): Source(s) of Revenue: _____ _____	STATE GRANT: \$ Amount of County Cash: \$ _____ \$ _____
TOTAL COUNTY CASH CONTRIBUTION: \$	
EXPEDITED AMOUNT: \$	
LESS REIMBURSEMENT FOR PAST EXPEDITED EXPENDITURES	
2005 TOTAL ANNUAL PROJECT BUDGET:	
(State Grant plus County Cash Contribution, if any, plus Expedited Amount, if any, minus Reimbursement for Expedited Expenditures, if any)	
\$	

**Application for a Survey and Remonumentation Grant
(Grant Year 2005)**

Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, Michigan 48909 Phone: (517) 241-6321 Facsimile: (517) 241-6301	County of <div style="background-color: #cccccc; padding: 2px;"> Grant #152005-480__ __ MAIN Mail Code: Index: 02935 AOBJ: 1218 </div>
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BUDGET ADDENDUM FOR ITEMIZING SUPPLIES AND MATERIALS, EQUIPMENT AND ADMINISTRATION (Attach additional pages to the application if necessary)

TOTAL DOLLAR AMOUNTS ON THIS PAGE MUST BE THE SAME AS THE LINE ITEM TOTAL ON PAGE 3
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Supplies and Materials: <table style="width:100%;"> <tr> <th style="text-align: left; width: 30%;"><u>Item</u></th> <th style="text-align: left;"><u>Dollar Amount</u></th> </tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> </table>	<u>Item</u>	<u>Dollar Amount</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3 Total Supplies & Materials: \$ _____
<u>Item</u>	<u>Dollar Amount</u>												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
Equipment: <table style="width:100%;"> <tr> <th style="text-align: left; width: 30%;"><u>Item</u></th> <th style="text-align: left;"><u>Dollar Amount</u></th> </tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> </table>	<u>Item</u>	<u>Dollar Amount</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3 Total Equipment: \$ _____
<u>Item</u>	<u>Dollar Amount</u>												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
Administration: <table style="width:100%;"> <tr> <th style="text-align: left; width: 30%;"><u>Item</u></th> <th style="text-align: left;"><u>Dollar Amount</u></th> </tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> </table>	<u>Item</u>	<u>Dollar Amount</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3 Total Administration: \$ _____
<u>Item</u>	<u>Dollar Amount</u>												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

REQUEST FOR PAYMENT – 2005
40% ADVANCE
2005 SURVEY & REMONUMENTATION GRANT

DATE: _____

TO: Maynard R. Dyer, P.S.
Michigan Department Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of Land Survey and Remonumentation
6546 Mercantile Way
P.O. Box 30704
Lansing, Michigan 48909

Dear Mr. Dyer:

Pursuant to Section I.C.1 of the 2005 Survey and Remonumentation Grant Agreement, an advance of 40 percent of the State grant amount may be made.

Please consider this letter our “request for payment” and authorize the advance of 40 percent of the 2005 grant to _____ County at your earliest convenience.

Sincerely,

_____ Signature of 2005 County Grant Administrator

_____ County Name
